

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name River Meadows, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

**DBA James Square Nursing & Rehabilitation Centre**

3. Debtor's federal Employer Identification Number (EIN) 47-3481602

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
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**918 James St  
Syracuse, NY 13203**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

**Onondaga**  
County

**Location of principal assets, if different from principal place of business**

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor **River Meadows, LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6231

**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check all that apply:  
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.  
☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** ☒ No.  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **River Meadows, LLC**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **River Meadows, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 10, 2019**  
MM / DD / YYYY

**X /s/ Abraham A. Gutnicki**  
Signature of authorized representative of debtor  
  
Title **Member**

**Abraham A. Gutnicki**  
Printed name

**18. Signature of attorney**

**X /s/ Stephen Z. Starr**  
Signature of attorney for debtor

Date **January 10, 2019**  
MM / DD / YYYY

**Stephen Z. Starr**  
Printed name

**Starr & Starr, PLLC**  
Firm name

**260 Madison Ave., 17th Fl**  
**New York, NY 10016-2404**  
Number, Street, City, State & ZIP Code

Contact phone **(212) 867-8165** Email address

**3793 NY**  
Bar number and State

**WRITTEN CONSENT TO ACTION  
RIVER MEADOWS, LLC**

January 10, 2019

The undersigned, being the Managers (the “Managers”) of RIVER MEADOWS, LLC, a New York limited liability company (the “Company”), consent to the adoption of the following resolutions with full force and effect as if they had been duly adopted at a meeting pursuant to notice:

**WHEREAS**, the Company has ceased operations and is unable to continue as a going concern and after having explored other alternatives the Managers having determined that the filing by the Company of a petition for relief under Chapter 7 of the United States Bankruptcy Code in the United States Bankruptcy Court for the Northern District of New York is in the best interest of the Company and its creditors; and

**WHEREAS**, the Company has engaged the services of a law firm to represent it in connection with such Chapter 7 bankruptcy proceedings.

**NOW, THEREFORE, BE IT RESOLVED**, that the Managers deem it advisable and in the best interests of the Company and its creditors to file a petition for relief under Chapter 7 of the United States Bankruptcy Code in the United States Bankruptcy Court for the Northern District of New York and such filing is hereby ratified and approved; and it is

**FURTHER RESOLVED**, that the attorney-client agreement between the Company and Starr & Starr PLLC, dated as of December 12, 2018, to engage Starr & Starr, PLLC to render legal services to, and to represent, the Company in connection with such Chapter 7 proceedings is hereby ratified and approved; and it is

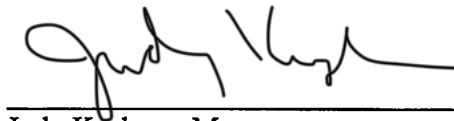
**FURTHER RESOLVED**, that Abraham A. Gutnicki, one of the Managers of the Company, is hereby authorized to execute any necessary petition, schedules, and documents, without limitation, on behalf of the Company in connection with the commencement and continuance of such Chapter 7 proceedings, and any other related matters in connection therewith; and it is

**FURTHER RESOLVED**, that Abraham A. Gutnicki, one of the Managers of the Company, is hereby authorized to appear and testify on behalf of the Company, at the meeting of creditors convened pursuant to section 341(a) of the United States Bankruptcy Code, and any adjournments thereof; and it is

**FURTHER RESOLVED**, that this Written Consent to Action may be executed in counterpart originals and delivered by facsimile or electronically, which, when fully executed shall constitute a full and original document for all purposes

The undersigned has signed this Written Consent as of the date first written above.

**MANAGERS:**

  
\_\_\_\_\_  
Abraham A. Gutnicki, Manager  
\_\_\_\_\_  
Judy Kushner, Manager

*Being the Managers of River Meadows, LLC*

**Fill in this information to identify the case:**

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 10, 2019

**X /s/ Abraham A. Gutnicki**

Signature of individual signing on behalf of debtor

**Abraham A. Gutnicki**

Printed name

**Member**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>2,204,952.43</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>2,204,952.43</u>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>231,000.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>4,965,931.73</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>5,196,931.73</u>



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United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. CIBC

Checking

8140

\$4,952.43

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,952.43

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:

1,000,000.00

-

500,000.00

=...

\$500,000.00

face amount

doubtful or uncollectible accounts

Debtor River Meadows, LLC  
Name

Case number (If known) \_\_\_\_\_

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$500,000.00**

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

**Current value of  
debtor's interest**

Debtor River Meadows, LLC  
Name

Case number (If known) \_\_\_\_\_

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
**Contractual claims against Eliezer Friedman a/k/a Eli Friedman** **\$1,700,000.00**

Nature of claim	contractual claims for breach of contract
Amount requested	<u>\$1,700,000.00</u>

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.** **\$1,700,000.00**  
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

Debtor River Meadows, LLC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$4,952.43</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$500,000.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+ \$1,700,000.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$2,204,952.43</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$2,204,952.43</b>

**Fill in this information to identify the case:**

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
2.1	<b>HES Financing, LLC</b> Creditor's Name <b>Attn: Nancy Needlman</b> <b>4711 Gold Rd St 200</b> <b>Skokie, IL 60076</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>11/26/18</b> Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Over 90 days old: accounts receivable (collectable vs. uncollectable amounts are estimates only)</b>  Describe the lien <b>secured loan transation</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$231,000.00</b>  <b>\$500,000.00</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$231,000.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ABILITY NETWORK INC</b> <b>PO BOX 856015</b> <b>MINNEAPOLIS, MN 55485-6015</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,114.56</b>
3.2	Nonpriority creditor's name and mailing address <b>ACCESS MEDICAL SOLUTION</b> <b>DB&amp;B MEDICAL</b> <b>PO BOX 340</b> <b>NEW HARTFORD, NY 13413-0340</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$812.66</b>
3.3	Nonpriority creditor's name and mailing address <b>ACPL (ACCELERATED CARE PLUS LE</b> <b>EFT/CC</b> <b>13828 COLLECTIONS CENTER DR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$3,510.00</b>
3.4	Nonpriority creditor's name and mailing address <b>ACTION PRINTWEAR</b> <b>2566 WARNERS ROAD</b> <b>P. O. BOX 34</b> <b>WARNERS, NY 13164</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,876.87</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>ADAMS APPLE SERVICES</b> <b>106 S ARTERIAL RD</b> <b>SYRACUSE, NY 13206</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,600.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ADDCOM</b> <b>7268 CASWELL PLACE</b> <b>N. SYRACUSE, NY 13212</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,011.36</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>ADP, LLC - EFT</b> <b>PO BOX 842875</b> <b>BOSTON, MA 02284-2875</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,394.41</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>AETNA</b> <b>ATTN: MSC 410837</b> <b>PO BOX 415000</b> <b>NASHVILLE, TN 37241-0837</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$6,120.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>AGNES KRUCZEK</b> <b>918 JAMES STREET</b> <b>SYRACUSE, NY 13203</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$27.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>ALICIA CALAGIOVANNI, PUBLIC AD</b> <b>ONONDAGA COUNTY PUBLIC ADMIN OFF</b> <b>500 PLUM ST</b> <b>SYRACUSE, NY 13202</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$27.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ALIMED</b> <b>ATTN: LOCKBOX 206417</b> <b>2975 REGENT BLVD</b> <b>IRVING, TX 75063</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,390.13</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>AMANDA DILLION</b> <b>c/o Knych &amp; Whritenour, LLC</b> <b>300 S State St Ste 403</b> <b>Syracuse, NY 13202</b>  Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Larry Austin (pending in Onondaga Supreme Court, Index No. 4038/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>AMER FOOD &amp; VENDING CORP</b> <b>124 METROPOLITAN PARK DR</b> <b>Liverpool, NY 13088</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$99,637.96</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN ARBITRATION ASSOCIATION</b> <b>1301 ATWOOD AVENUE</b> <b>SUITE 211N</b> <b>JOHNSTON, RI 02919</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,710.00</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN PROGRESSIVE TODAYS</b> <b>OPTIONS</b> <b>PO BOX 505057</b> <b>ST LOUIS, MO 63150-5057</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,935.07</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>ANITA CIANNILLI</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 2016EF984)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>ANTHONY JOHN TANGREDI</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Anthony Tangredi (pending in Onondaga Supreme Court, Index No. 1472/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>APPROVED ADMISSIONS, LLC</b> <b>545 8TH AVE</b> <b>SUITE 840</b> <b>NEW YORK, NY 10018</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>AQUA TECHNICAL SVC</b> <b>P.O. BOX 193</b> <b>LIVERPOOL, NY 13088</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,821.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ARISE CHILD &amp; FAMILY</b> <b>635 JAMES STREET</b> <b>SYRACUSE, NY 13203-2226</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,952.40</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ASSESSMENT FUND</b> <b>OFFICEPOOL ADMINISTRATION</b> <b>P. O. BOX 4757</b> <b>SYRACUSE, NY 13221-4757</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$588,679.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>ASSOC MEDICAL PROF.</b> <b>1226 EAST WATER STREET</b> <b>SYRACUSE, NY 13210-1155</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$958.54</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>BARBARA ANN CALKINS</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Anthony Tangredi (pending in Onondaga Supreme Court, Index No. 1472/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>BARBARA BROWN</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 1471/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>BAUDVILLE</b> <b>5380 52ND STREET SE</b> <b>GRAND RAPIDS, MI 49512</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.20</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>BEST COMFORT CARE TRANSPORTATION</b> <b>335 B RIEGEL ST</b> <b>SYRACUSE, NY 13206</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$325.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>BILLINSON</b> <b>ATTORNEY &amp; COUNSELORS AT LAW</b> <b>342 S SALINA ST</b> <b>SYRACUSE, NY 13202</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,242.86</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>BIO-MED EXPRESS</b> <b>2323 W. GENESEE RD</b> <b>BALDWINVILLE, NY 13027</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,332.80</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>BLESSED SACRAMENT</b> <b>3127 JAMES ST</b> <b>SYRACUSE, NY 13206</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>BOND,SCHOENICK &amp; KING</b> <b>ONE LINCOLN CENTER</b> <b>SYRACUSE, NY 13202-1355</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$27,487.20</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>BOTTOM LINE MANAGEMENT LLC</b> <b>76 LEIGH DR</b> <b>LAKEWOOD, NY 08701</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$70,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>BRANDRIGHT MARKETING GROUP</b> <b>20 BRIDGEWOOD AVE</b> <b>LAKEWOOD, NY 08701</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,850.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>BSDCARE, INC</b> <b>2915 AVENUE K</b> <b>BROOKLYN, NY 11210</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$21,088.55</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>BYRNE DAIRY</b> <b>PO BOX 176</b> <b>LAFAYETTE, NY 13084-0176</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,581.05</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>CALLCARE</b> <b>1370 ARCADIA RD</b> <b>PO BOX 4651</b> <b>LANCASTER, PA 17604-4651</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$459.17</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL HEALTH CONSULTING LLC</b> <b>136 STATE STREET</b> <b>SUITE 501</b> <b>ALBANY, NY 12207</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$16,820.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>CHARLES GRECO</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Joanne Shafer (pending in Onondaga Supreme Court, Index No. 1473/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>CMS COMPLIANCE GROUP INC</b> <b>68 SOUTH SERVICE RD</b> <b>SUITE 100</b> <b>MELVILLE, NY 11747</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$242,468.07</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>COMFORCE, INC</b> <b>PO BOX 74007004</b> <b>CHICAGO, IL 60674-7002</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$12,503.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>COMM OF TAXATION FINA</b> <b>NYS ASSESSMENT RECEIVABLE</b> <b>PO BOX 4127</b> <b>BINGHAMTON, NY 13902-4127</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,770.42</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>CONFIDATA</b> <b>PO BOX 353</b> <b>UTICA, NY 13503-0353</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$934.20</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>COPY CENTERS</b> <b>PO BOX 35612</b> <b>UNIVERSITY STATION</b> <b>SYRACUSE, NY 13235</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$318.60</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>CUMMINS SALES AND SERVICE</b> <b>6193 EASTERN AVE</b> <b>SYRACUSE, NY 13211</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,516.44</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>DAVIS-ULMER SPRINKLER INC</b> <b>300 METRO PARK</b> <b>ROCHESTER, NY 14623</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$753.84</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>DE VORE RECRUITING INC</b> <b>5517 COLUMBUS AVE</b> <b>SHERMAN OAKS, CA 91411</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>DENNIS WILLIAMS</b> <b>918 JAMES STREET</b> <b>SYRACUSE, NY 13203</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,530.00</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>DENTSERV DENTAL SERVICES, PC</b> <b>15 CANAL RD</b> <b>PELHAM MANOR, NY 10803</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,010.00</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>DEPT MEDICINE MEDICA</b> <b>550 E GENESEE ST</b> <b>SUITE 201</b> <b>SYRACUSE, NY 13202</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,000.02</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>DIRECT SUPPLY</b> <b>HEALTH CARE EQUIPMENT</b> <b>P.O. BOX 88201</b> <b>MILWAUKEE, WI 53288-0201</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,039.04</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>DOYLE</b> <b>PO BOX 28460</b> <b>NEW YORK, NY 10087</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$730.04</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>EAST COAST UNDERLAYMENTS, INC</b> <b>6713 JOY ROAD</b> <b>EAST SYRACUSE, NY 13057</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,014.34</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>ECOLAB FOOD SAFETY SPECIALTIES</b> <b>24198 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1241</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$716.38</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>ECOLAB PEST ELIMINATION DIVISI</b> <b>26252 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1262</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,751.62</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>EDWARD JOY</b> <b>905 CANAL ST.</b> <b>P.O. BOX 6967</b> <b>SYRACUSE, NY 13210</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$830.50</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>EMEDCO</b> <b>PO BOX 369</b> <b>BUFFALO, NY 14240</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32.07</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>EMPIRE ARCHIVES, INC</b> <b>PO BOX 1142</b> <b>SYRACUSE, NY 13201</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,115.08</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>ERIC MOWER &amp; ASSOCIATES</b> <b>30 SOUTH PEARL STREET</b> <b>SUITE 1210</b> <b>ALBANY, NY 12207</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,860.00</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>FINANCIAL PACIFIC LEASING</b> <b>PO BOX 749642</b> <b>LOS ANGELES, CA 90074</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,527.65</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>FIRE DETECTION SYSTEMS, INC</b> <b>1757 US RTE 11</b> <b>PO BOX 94</b> <b>HASTINGS, NY 13076</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,171.80</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST INSURANCE FUNDING CORP</b> <b>450 SKOKIE BLVD</b> <b>SUITE 1000</b> <b>NORTHBROOK, IL 60062</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,050.88</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>FRADON</b> <b>467 BURNET AVE.</b> <b>SYRACUSE, NY 13203</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$787.60</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>FRED CIANNILLI</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 2016EF984)</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>GCHMO, INC</b> <b>699 CROSS STREET</b> <b>SUITE 208</b> <b>LAKEWOOD, NY 08701</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>GERHARZ</b> <b>6146 EAST MOLLOY ROAD</b> <b>E. SYRACUSE, NY 13057</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$246.82</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDBERG SEGALLA, LLP</b> <b>PO BOX 1057</b> <b>BUFFALO, NY 14201</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$4,123.44</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>GRAINGER</b> <b>DEPT 827101734</b> <b>PALATINE, IL 60038-0001</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$929.22</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT AMERICAN INSURANCE CO</b> <b>SPECIALTY ACCOUNTING</b> <b>PO BOX 89400</b> <b>CLEVELAND, OH 44101-6400</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$177,404.85</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>GUTNICKI LLP</b> <b>4711 GOLF ROAD</b> <b>SUITE 200</b> <b>SKOKIE, IL 60076</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$17,537.53</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>HANCOCK ESTABROOK LLP</b> <b>1500 AXA TOWER 1</b> <b>100 MADISON STREET</b> <b>SYRACUSE, NY 13202</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$546.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>HANGER PROSTHETICS &amp; ORTHOTICS</b> <b>PO BOX 650846</b> <b>DALLAS, TX 75265-0846</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$63.74</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.71	Nonpriority creditor's name and mailing address <b>HARBOR LINEN</b> <b>PO BOX 3510</b> <b>CHERRY HILL, NJ 08034</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,910.63</u>
3.72	Nonpriority creditor's name and mailing address <b>HARBOR PHARMACY</b> <b>192 WEST 1ST ST</b> <b>OSWEGO, NY 13126</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$918,367.18</u>
3.73	Nonpriority creditor's name and mailing address <b>HAUN</b> <b>5921 COURT ST. RD.</b> <b>SYRACUSE, NY 13206</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,126.52</u>
3.74	Nonpriority creditor's name and mailing address <b>HEALTH SYSTEM SERVICE</b> <b>6867 WILLIAMS ROAD</b> <b>NIAGARA FALLS, NY 14304</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,296.03</u>
3.75	Nonpriority creditor's name and mailing address <b>HINMAN, HOWARD &amp; KATTELL</b> <b>80 EXCHANGE STREET</b> <b>PO BOX 5250</b> <b>BINGHAMTON, NY 13902</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,237.04</u>
3.76	Nonpriority creditor's name and mailing address <b>HMM, CPAS LLP</b> <b>527 TOWNLINE RD</b> <b>SUITE 203</b> <b>HAUPPAUGE, NY 11788</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,423.62</u>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>HR-REVOLUTION</b> <b>PO BOX 59195</b> <b>CHICAGO, IL 60659</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.50</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>HUMANA HEALTHCARE PLANS</b> <b>PO BOX 931655</b> <b>ATLANTA, GA 31193-1655</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,575.00</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>HYPERTYPE INC</b> <b>39 HALADA DR</b> <b>LAKE GEORGE, NY 12845</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$460.20</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>ICS SOLUTIONS GROUP (MICROTECH</b> <b>PO BOX 5</b> <b>ENDICOTT, NY 13761</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$322.92</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVATIVE COST SOLUTIONS INC</b> <b>863 TURNPIKE STREET</b> <b>UNIT 224</b> <b>NORTH ANDOVER, MA 01845</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$994.53</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRA SCRIPTS LLC</b> <b>160 AIRPORT ROAD</b> <b>LAKEWOOD, NY 08701</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,104.15</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.83	Nonpriority creditor's name and mailing address <b>IRENE ROTELLA</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>damages claim against Debtor in connection with death of Teresa Ferraro (pending in Onondaga Supreme Court, Index No. _____))</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.84	Nonpriority creditor's name and mailing address <b>IRON MOUNTAIN</b> <b>P. O. BOX 27128</b> <b>NEW YORK, NY 10087-7128</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,936.11</b>
3.85	Nonpriority creditor's name and mailing address <b>ISAAC HEATING &amp; AIR CONDITIONING</b> <b>50 HOLLEDER PARKWAY</b> <b>ROCHESTER, NY 14615</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$271.62</b>
3.86	Nonpriority creditor's name and mailing address <b>JACOBSTEIN FOOD</b> <b>15 AIRLINE DRIVE</b> <b>ROCHESTER, NY 14624</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,571.28</b>
3.87	Nonpriority creditor's name and mailing address <b>JAMES A. MAKAL</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>damages claim against Debtor in connection with death of Andrew E. Makal (pending in Onondaga Supreme Court, Index No. 4633/17)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.88	Nonpriority creditor's name and mailing address <b>JOHNSTON</b> <b>FOOD SERV &amp; CLEANING SOLUTIONS</b> <b>P.O. BOX 736</b> <b>AUBURN, NY 13021</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,317.77</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>JOSEPH MAILLOUX</b> <b>1056 COUNTRY ROUTE 37</b> <b>CENTRAL SQUARE, NY 13036</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>K &amp; A RADIOLOGIC TECH</b> <b>6400 COLLAMER ROAD</b> <b>EAST SYRACUSE, NY 13057-1621</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,150.24</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>KIMBERLEE FIELDS</b> <b>431 WYGANT STREET</b> <b>HORSEHEADS, NY 14845</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$559.31</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>KONE INC</b> <b>PO BOX 7247</b> <b>PHILADELPHIA, PA 19170-6082</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,359.46</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>LABORATORY ALLIANCE</b> <b>1001 W FAYETTE ST</b> <b>STE 300</b> <b>SYRACUSE, NY 13024</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22.42</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>LTC EXECUTIVE COUNCIL</b> <b>P. O. BOX 934</b> <b>SYRACUSE, NY 13201</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,390.00</b>

Debtor	<b>River Meadows, LLC</b> Name _____	Case number (if known) _____
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>MABEL HENRY</b> <b>101 WESTCOTT ST</b> <b>SYRACUSE, NY 13210</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$732.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>MARCUM</b> <b>111 S PFINGSTEN RDSUITE 300</b> <b>DEERFIELD, IL 60015</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,635.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>MARION FOERTCH</b> <b>c/o Greene &amp; Reid, PLLC</b> <b>173 Intrepid Ln</b> <b>Syracuse, NY 13205</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Ronald A. Foertch (pending in Onondaga Supreme Court, Index No. 5775/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>MARY ANN GAZZARA</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Mary C. Fragola(action previously pending in Onondaga Supreme Court, Index No. 2016EF5230)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>MCKESSON MEDICAL-SURGICAL</b> <b>PO BOX 630693</b> <b>CINCINNATI, OH 45263-0693</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$97,683.35</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>MED PART</b> <b>3052 BRIGHTON 1ST STSUITE 502</b> <b>BROOKLYN, NY 11235</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$545.57</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.101	Nonpriority creditor's name and mailing address <b>MEDICAL STAFFING NETWORK</b> <b>PO BOX 840292</b> <b>DALLAS, TX 75284-0292</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,280.38</u>
3.102	Nonpriority creditor's name and mailing address <b>MEDLINE INDUSTRIES INC</b> <b>PO BOX 382075</b> <b>PITTSBURGH, PA 15251-8075</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,681.39</u>
3.103	Nonpriority creditor's name and mailing address <b>MENTO</b> <b>946 SPENCER ST</b> <b>SYRACUSE, NY 13204</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,520.79</u>
3.104	Nonpriority creditor's name and mailing address <b>MICHAEL FARRUGIO</b> <b>c/o finkelstein, Blankinship et al.</b> <b>445 Hamilton Ave</b> <b>White Plains, NY 10601</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with deaths of Theresa Farrugio and Susan Karpen, and similarly situated (pending in Onondaga Supreme Court, Index No. 3831/17)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.105	Nonpriority creditor's name and mailing address <b>MICHELE M. PONTILLO</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with death of Barbara I. Fariano (pending in Onondaga Supreme Court, Index No. 11672/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.106	Nonpriority creditor's name and mailing address <b>MICHELLE HEATER</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 6254/17)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.107	Nonpriority creditor's name and mailing address <b>MID-STATE DOOR INC</b> <b>602 CAMBRIDGE AVENUE</b> <b>SYRACUSE, NY 13208</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,877.04</u>
3.108	Nonpriority creditor's name and mailing address <b>MIDSTATE BAKERY</b> <b>P. O. BOX 23374</b> <b>ROCHESTER, NY 14692</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,043.56</u>
3.109	Nonpriority creditor's name and mailing address <b>MOHAWK HOSPITAL EQUIPMENT</b> <b>335 COLUMBIA ST</b> <b>Utica, NY 13502</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$71,627.78</u>
3.110	Nonpriority creditor's name and mailing address <b>MONROE EXTINGUISHER</b> <b>105 DODGE ST</b> <b>P. O. BOX 60980</b> <b>ROCHESTER, NY 14606-0980</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,752.52</u>
3.111	Nonpriority creditor's name and mailing address <b>MR ROOTER OF GREATER SYRACUSE</b> <b>1770 ERIE BLVD WEST</b> <b>SYRACUSE, NY 13204</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$479.25</u>
3.112	Nonpriority creditor's name and mailing address <b>NANCY WILCOX</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident Penny Wilcox (pending in Onondaga Supreme Court, Index No. 8909/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>



Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.113	Nonpriority creditor's name and mailing address <b>NEC FINANCIAL</b> <b>24189 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1241</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$170.09</u>
3.114	Nonpriority creditor's name and mailing address <b>NORTHWEST REFUSE SERVICE</b> <b>2001 WINDSOR AVE</b> <b>BALTIMORE, MD 21217</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,000.25</u>
3.115	Nonpriority creditor's name and mailing address <b>NY URGENT CARE PRACTICE</b> <b>FIVE STAR</b> <b>PO BOX 500</b> <b>ELLICOTTVILLE, NY 14731-0500</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,461.00</u>
3.116	Nonpriority creditor's name and mailing address <b>OCA BENEFIT SERVICES, LLC</b> <b>3705 QUAKERBRIDGE RD</b> <b>SUITE 216</b> <b>MERCERVILLE, NJ 08619</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$952.50</u>
3.117	Nonpriority creditor's name and mailing address <b>OMNICARE INC.</b> <b>DEPT. 781668</b> <b>PO BOX 78000</b> <b>DETROIT, MI 48278-1668</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$224.69</u>
3.118	Nonpriority creditor's name and mailing address <b>ORIL SUMMERVILLE</b> <b>918 JAMES STREET</b> <b>SYRACUSE, NY 13203</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,770.24</u>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>PATIENT POINT HOSPITAL SOLUTION</b> <b>11408 OTTER CREEK SOUTH RD</b> <b>MABELVALE, AR 72103</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,394.00</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>PEOPLE SYSTEMS</b> <b>PO BOX 4816</b> <b>SYRACUSE, NY 13221-4816</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,100.00</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>PERFORMANCE FOODSERVICE</b> <b>PO BOX 3024</b> <b>Springfield, MA 01104-3024</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,721.71</b>
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>PERFORMANCE HEALTH</b> <b>28100 TORCH PKWY</b> <b>WARRENVILLE, IL 60555</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,691.88</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>PFG SPRINGFIELD</b> <b>PO BOX 3024</b> <b>SPRINGFIELD, MA 01104-3024</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$164,140.60</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>PLUMBMASTER</b> <b>P. O. BOX 117187</b> <b>ATLANTA, GA 30368</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,720.67</b>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.125	Nonpriority creditor's name and mailing address <b>PMA COMPANIES, INC ALTERNATIVE MARKETS PO BOX 824857 PHILADELPHIA, PA 19182-4857</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$31,900.00</u>
3.126	Nonpriority creditor's name and mailing address <b>PRECISION DYNAMICS PO BOX 71549 CHICAGO, IL 60694</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140.74</u>
3.127	Nonpriority creditor's name and mailing address <b>PREMIER MEDICAL EQUIPMENT, LLC PO BOX 2279 LIVERPOOL, NY 13089</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,454.08</u>
3.128	Nonpriority creditor's name and mailing address <b>PRIME TIME HEALTHCARE LLC C/O AMERICAN NATIONAL BANK PO BOX 3544 OMAHA, NE 68103</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$56,241.50</u>
3.129	Nonpriority creditor's name and mailing address <b>PROCUREMENT PARTNERS 6650 SUGARLOAF PARKWAY SUITE 400 A DULUTH, GA 30097</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$425.00</u>
3.130	Nonpriority creditor's name and mailing address <b>PROVIDIGM, LLC DEPT CH 19808 PALATINE, IL 60055-9808</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$485.00</u>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.131	Nonpriority creditor's name and mailing address <b>PURCELLS</b> <b>59020 BRIDGE ST</b> <b>EAST SYRACUSE, NY 13057</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$198.40</u>
3.132	Nonpriority creditor's name and mailing address <b>RESPIRATORY THERAPY RESOURCES</b> <b>326 FAY RD</b> <b>SYRACUSE, NY 13219-1612</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$180.00</u>
3.133	Nonpriority creditor's name and mailing address <b>ROGER HOGAN</b> <b>115 LEONARD STREET</b> <b>SYRACUSE, NY 13211</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
3.134	Nonpriority creditor's name and mailing address <b>RTG MEDICAL</b> <b>1005 E. 23RD ST</b> <b>SUITE 200</b> <b>FREMONT, NE 68025</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$131,447.27</u>
3.135	Nonpriority creditor's name and mailing address <b>S&amp;R TRANSPORTATION</b> <b>335 A RIEGEL ST</b> <b>SYRACUSE, NY 13206</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$215.00</u>
3.136	Nonpriority creditor's name and mailing address <b>SANTEC</b> <b>1420 LINDEN AVE</b> <b>LINCOLN, NJ 07036</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,467.56</u>

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>SB2 INC</b> <b>1426 N 3RD ST</b> <b>SUITE 200</b> <b>HARRISBURG, PA 17102</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$8,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>SCOTT LAWRENCE SAURO</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Carolyn Robb (action previously pending in Onondaga Supreme Court, Index No. 2016EF5526)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>SHERRI HOGAN</b> <b>918 JAMES STREET</b> <b>SYRACUSE, NY 13203</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$635.67</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>SHIRLEY CAOLO</b> <b>c/o Finkelstein &amp; Partners, LLP</b> <b>1279 Rte 300 Box 1111</b> <b>Newburgh, NY 12551</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Theodoa Laduke (pending in Onondaga Supreme Court, Index No. 1472/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>SHUSTER'S FLOORING</b> <b>9655 BREWERTON ROAD</b> <b>BREWERTON, NY 13029</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$22,249.15</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>SMARTLINX SOLUTIONS</b> <b>333 THORNALL ST</b> <b>EDISON, NJ 08837</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$9,228.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>River Meadows, LLC</b> Name	Case number (if known) _____
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>SOCIAL SECURITY ADMINISTRATION</b> <b>PO BOX 3430</b> <b>PHILADELPHIA, PA 19122-9985</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,855.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>SPECTROTEL</b> <b>PO BOX 1949</b> <b>NEWARK, NJ 07101-1949</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$277.35</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>ST JOSEPH'S MEDICAL</b> <b>301 PROSPECT AVENUE</b> <b>SYRACUSE, NY 13203-5375</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$207.86</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>STANDARD TEXTILE</b> <b>PO BOX 630302</b> <b>CINCINNATI, OH 45263-0302</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$367.31</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>STERICYCLE, INC.</b> <b>PO BOX 6575</b> <b>CAROL STREAM, IL 60197-6582</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,388.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>STRAY CAT</b> <b>1010 WHISPER RIDGE DR</b> <b>CHITTENANGO, NY 13037</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$200.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.149	Nonpriority creditor's name and mailing address <b>SUBURBAN TRANSP. SVC</b> <b>6327 EAST MOLLOY RD</b> <b>EAST SYRACUSE, NY 13057-1023</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,417.26</u>
3.150	Nonpriority creditor's name and mailing address <b>SUNBELT STAFFING</b> <b>DEPT CH 14430</b> <b>PALATINE, IL 60055-4430</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$30,137.00</u>
3.151	Nonpriority creditor's name and mailing address <b>SUPERIOR TONER TECHNOLOGIES</b> <b>98 PRESSBURG LANE</b> <b>LAKEWOOD, NJ 08701</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,852.58</u>
3.152	Nonpriority creditor's name and mailing address <b>SYRACUSE CORINTHIAN</b> <b>930 JAMES STREET</b> <b>SYRACUSE, NY 13203</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,600.00</u>
3.153	Nonpriority creditor's name and mailing address <b>SYRACUSE LIGHTSCAPES, INC</b> <b>202 ARTERIAL RD</b> <b>STE 100</b> <b>SYRACUSE, NY 13206</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,191.49</u>
3.154	Nonpriority creditor's name and mailing address <b>SYRACUSE ORTHOPEDIC</b> <b>ATTN: BILLING MC TEAM</b> <b>5719 WIDEWATERS PKWY</b> <b>SYRACUSE, NY 13214-1880</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$46.20</u>

Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.155	Nonpriority creditor's name and mailing address <b>TAMMY LAFORCE</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>damages claim against Debtor in connection with death of Curt LaForce (action previously pending in Onondaga Supreme Court, Index No. 2016EF5010)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.156	Nonpriority creditor's name and mailing address <b>TENDER TOUCH REHAB SERVICES</b> <b>PO BOX 781928</b> <b>PHILADELPHIA, PA 19178-1928</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,565,456.23</b>
3.157	Nonpriority creditor's name and mailing address <b>THE NURSE CONNECTION STAFFING, INC</b> <b>1 COMPUTER DR S</b> <b>ALBANY, NY 12205</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$176.25</b>
3.158	Nonpriority creditor's name and mailing address <b>THOMAS CARIOTI</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>damages claim against Debtor in connection with death of Caroline Carioti (pending in Onondaga Supreme Court, Index No. 8403/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.159	Nonpriority creditor's name and mailing address <b>TRIAGENOW LLC-CC</b> <b>BILLING DEPARTMENT</b> <b>55 S McQUEEN</b> <b>GILBERT, AZ 85233</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525.00</b>
3.160	Nonpriority creditor's name and mailing address <b>UNIVERSITY HOSPITAL</b> <b>PO BOX 3009</b> <b>NEWARK, NJ 03001</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,174.86</b>



Debtor <b>River Meadows, LLC</b>		Case number (if known) _____	
Name _____			
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>USHERWOOD OFFICE TECHNOLOGY</b> <b>1005 W FAYETTE ST</b> <b>SYRACUSE, NY 13204</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,074.49</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>VALERIE AUSTIN</b> <b>c/o Knych &amp; Whritenour, LLC</b> <b>300 S State St Ste 403</b> <b>Syracuse, NY 13202</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Larry Austin (pending in Onondaga Supreme Court, Index No. 4038/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>VISION FINANCIAL GROUP, INC.</b> <b>PO BOX 1000</b> <b>DEPT 0065</b> <b>MEMPHIS, TN 38148-0065</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,453.26</b>
3.164	<b>Nonpriority creditor's name and mailing address</b> <b>W.B. MASON CO., INC</b> <b>PO BOX 981101</b> <b>BOSTON, MA 02298</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,714.24</b>
3.165	<b>Nonpriority creditor's name and mailing address</b> <b>WARREN DUNBAR</b> <b>c/o Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>damages claim against Debtor in connection with death of Judy H. Dunbar (pending in Onondaga Supreme Court, Index No. 1472/18)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>WEBB, F.W. COMPANY</b> <b>160 MIDDLESEX TRNPK</b> <b>BEDFORD, MA 01730</b>  Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>vendor or supplier of goods or services to the Debtor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,150.29</b>

Debtor **River Meadows, LLC** Case number (if known) \_\_\_\_\_  
Name

3.167 Nonpriority creditor's name and mailing address **WILLIAM STRACK**  
**c/o Nicholas Perot et al.**  
**12364 Main Rd**  
**Akron, NY 14001**  
Date(s) debt was incurred 2018  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Basis for the claim: damages claim against Debtor in connection with damages claim of former resident William Strack(pending in Onondaga Supreme Court, Index No. 9403/18)  
Is the claim subject to offset? ☒ No ☐ Yes

3.168 Nonpriority creditor's name and mailing address **WOH GOVERNMENT SOLUTIONS, LLC**  
**%WHITEMAN OSTERMAN & HANNA LLP**  
**1 COMMERCE PL STE 1900**  
**ALBANY, NY 12260**  
Date(s) debt was incurred 2018  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$17,494.56**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: vendor or supplier of goods or services to the Debtor  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Anthony C Galli, Esq.</b> <b>Sheats &amp; Bailey, PLLC</b> <b>PO Box 586</b> <b>Liverpool, NY 13088</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Chaim J. Jaffe, Esq.</b> <b>Scolare Fetter et al.</b> <b>507 Plum St #300</b> <b>Syracuse, NY 13204</b>	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Christopher P. Franjoine, Esq.</b> <b>Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>	Line <u>3.167</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Craig H. Bernhardt, Esq.</b> <b>Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Craig H. Bernhardt, Esq.</b> <b>Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>	Line <u>3.138</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Daniel T. Smith, Esq.</b> <b>Nicholas Perot et al.</b> <b>12364 Main Rd</b> <b>Akron, NY 14001</b>	Line <u>3.155</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Graham Liccardi, Esq.</b> <b>Teller &amp; Levit &amp; Silvertrust PC</b> <b>19 S LaSalle St Ste 701</b> <b>Chicago, IL 60603</b>	Line <u>3.121</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor <b>River Meadows, LLC</b>		Case number (if known)
Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.8	<b>Jeffrey G. Pomeroy, Esq. Greene &amp; Reid, PLLC 173 Intrepid Ln Syracuse, NY 13205</b>	Line <u><b>3.97</b></u> <input type="checkbox"/> Not listed. Explain _____
4.9	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.106</b></u> <input type="checkbox"/> Not listed. Explain _____
4.10	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.140</b></u> <input type="checkbox"/> Not listed. Explain _____
4.11	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.16</b></u> <input type="checkbox"/> Not listed. Explain _____
4.12	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.62</b></u> <input type="checkbox"/> Not listed. Explain _____
4.13	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.17</b></u> <input type="checkbox"/> Not listed. Explain _____
4.14	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.23</b></u> <input type="checkbox"/> Not listed. Explain _____
4.15	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.112</b></u> <input type="checkbox"/> Not listed. Explain _____
4.16	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.105</b></u> <input type="checkbox"/> Not listed. Explain _____
4.17	<b>Mary Ellen Wright, Esq. Finkelstein &amp; Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</b>	Line <u><b>3.83</b></u> <input type="checkbox"/> Not listed. Explain _____
4.18	<b>Matthew E. Whritenour, Esq. Knych &amp; Whritenour, LLC 300 S State St Ste 403 Syracuse, NY 13202</b>	Line <u><b>3.162</b></u> <input type="checkbox"/> Not listed. Explain _____
4.19	<b>Matthew E. Whritenour, Esq. Knych &amp; Whritenour, LLC 300 S State St Ste 403 Syracuse, NY 13202</b>	Line <u><b>3.12</b></u> <input type="checkbox"/> Not listed. Explain _____

Debtor	<u>River Meadows, LLC</u>	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.20	Michael R. Zosh, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.158</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.165</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.87</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	Nicole Marlow-Jones, Esq. 500 Plum St Ste 300 Syracuse, NY 13204-1401	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	—
4.26	Relin Goldstein & Crane, LLP 28 E Main St Ste 1800 Rochester, NY 14614-1991	Line <u>3.150</u> <input type="checkbox"/> Not listed. Explain _____	—
4.27	Sam Spellman, Esq. 43 W 43rd St Ste 129 New York, NY 10036	Line <u>3.109</u> <input type="checkbox"/> Not listed. Explain _____	—
4.28	TRISTATE CAPITAL BANK 301 Grant St Ste 2700 Pittsburgh, PA 15219	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____	—
4.29	VISION FINANCIAL GROUP INC. 615 Iron City Dr Pittsburgh, PA 15205	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

**5a. Total claims from Part 1**

**5b. Total claims from Part 2**

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>0.00</b>
5b. +	\$ <b>4,965,931.73</b>
5c.	\$ <b>4,965,931.73</b>

**Fill in this information to identify the case:**

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**For prior year:**  
From 1/01/2018 to 12/31/2018

☒ Operating a business  
☐ Other \_\_\_\_\_

\$0.00

**For year before that:**  
From 1/01/2017 to 12/31/2017

☒ Operating a business  
☐ Other \_\_\_\_\_

\$28,398,230.00

**For the fiscal year:**  
From 1/01/2016 to 12/31/2016

☒ Operating a business  
☐ Other \_\_\_\_\_

\$34,607,188.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **River Meadows, LLC**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Marion Foertch, as Adminstrator of estate of Ronald Foertch vs. River Meadows, LLC, et al. 5775/18	damages claim against Debtor in connection with death of Ronald Foertch	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Valerie Austin and Amanda Dillion, as Co-Administrators of Estate of Larry Austin vs. River Meadows, LLC, et al. 4038/17	damages claim against Debtor in connection with death of Ronald Foertch	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Barbara Brown vs. River Meadows, LLC 1471/2018	damages claim against Debtor by former nursing home resident	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	CMS Compliance Group, Inc. v. River Meadows, LLC 206EF3857	breach of contract case against Debtor	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



Debtor **River Meadows, LLC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	<b>Performance Food Group, Inc. v. River Meadows, LLC</b> 18L006697	<b>breach of contract (vendor claim)</b>	<b>Circuit Court of Cook County, IL</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>Michael Farrugio, as Administrator of the Estate of Theresa Farruggio and Susan Karpen vs. River Meadows, LLC, et al.</b> 3831/2017	<b>damages claim against Debtor in connection with death of Theresa Farruggio [class action claims asserted]</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	<b>American Food &amp; Vending Corp. vs. River Meadows LLC</b> 01-18-0002-0675	<b>AAA arbitration for breach of contract (vendor claim)</b>	<b>American Arbitration Associati</b> 1301 Atwood Ave., Ste 211N Johnston, RI 02919	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	<b>Charles Greco, as Administrator of Estate of Joanne Shafer vs. River Meadows, LLC</b> 1473/2018	<b>damages claim against Debtor in connection with death of Joanne Shafer</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	<b>Warren Dunbar, as Executor of Estate of Judy Dunbar</b> 1472/2018	<b>damages claim against Debtor in connection with death of Judy Dunbar</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	<b>Michelle Heater vs Upstate Services Group, LLC, et al.</b> 006254/17	<b>damages claim against Debtor by former nursing home resident</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	<b>Theodora Laduke, deceased. by Shirley Caolo as Administrator vs. River Meadows, LLC</b> 2069/2018	<b>damages claim against Debtor in connection with death of Theodora Laduke</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	<b>James Makal, as Administrator of the Estate of Andrew Makal</b> 4633/2017	<b>damages claim against Debtor in connection with death of Andrew Makal</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	<b>Thomas Carioti as Fiduciary of the Estate of Caroline Carioti</b> 8403/2018	<b>damages claim against Debtor in connection with death of Caroline Carioti</b>	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14	<b>Mohawk Hospital Equipment Corp. v River Meadows, LLC, et al.</b> 002573-2018	<b>breach of contract (vendor claim)</b>	<b>Oneida Supreme Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **River Meadows, LLC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.15	<b>William Strack vs. River Meadows, LLC</b> 9403/2018	damages claim against Debtor by former nursing home resident	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16	<b>Anthony Tangredi, deceased, by co-administrators of his estate vs. River Meadows, LLC</b> 8684/2018	damages claim against Debtor in connection with death of Anthony Tangredi	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.17	<b>Nancy Wilcox vs River Meadows, LLC</b> 8909/18	damages claim against Debtor by former nursing home resident	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.18	<b>Barbara Faraino, deceased, through Micheli Pontillo as Executor vs. River Meadows, LLC</b> 011672/2018	damages claim against Debtor in connection with death of Barbara Faraino	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19	<b>Tammy LaForce, on behalf of Curt LaForce</b> 2016EF5010	damages claim against Debtor in connection with death of Curt LaForce	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.20	<b>Mary Gazzara as Fiduciary of the Estate of Mary Fragola</b> 2016EF5230	damages claim against Debtor in connection with death of Mary Fragola	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.21	<b>Scott Sauro as Fiduciary of Estate of Carolyn Robb vs. River Meadows LLC</b> 2016EF5526	damages claim against Debtor in connection with death of Carolyn Robb	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.22	<b>Anita Ciannilli and Fred Ciannilli vs River Meadows LLC</b> 2016EF984	damages claim against Debtor by former nursing home resident	<b>Onondaga Supreme Court</b> 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.23	<b>Investigation of River Meadows, LLC by NY State Attorney General's Office</b> n/a	n/a	<b>NY Attorney General</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

Debtor **River Meadows, LLC**

Case number (if known) \_\_\_\_\_

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Starr &amp; Starr, PLLC</b> <b>260 Madison Ave., 17th Fl</b> <b>New York, NY 10016-2404</b>	<b>Attorney Fees</b>	<b>12/24/18</b>	<b>\$10,000.00</b>

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

Debtor **River Meadows, LLC**

Case number (if known) \_\_\_\_\_

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy  
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

**Facility name and address****Nature of the business operation, including type of services  
the debtor provides****If debtor provides meals  
and housing, number of  
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None**Financial Institution name and  
Address****Last 4 digits of  
account number****Type of account or  
instrument****Date account was  
closed, sold,  
moved, or  
transferred****Last balance  
before closing or  
transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None**Depository institution name and address****Names of anyone with  
access to it  
Address****Description of the contents****Do you still  
have it?****20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **River Meadows, LLC**

Case number (if known) \_\_\_\_\_

☐ None

Facility name and address

Names of anyone with  
access to it

Description of the contents

Do you still  
have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☐ No.☐ Yes. Provide details below.Case title  
Case numberCourt or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **River Meadows, LLC**

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. <b>Excelerate Healthcare Services</b> <b>4711 Golf Rd</b> <b>Skokie, IL 60076</b>	<b>6/2015 - present</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. <b>Marcum LLP</b> <b>Nine Parkway North</b> <b>Suite 200</b> <b>Deerfield, IL 60015</b>	<b>7/28/17</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Excelerate Healthcare Services</b> <b>4711 Golf Rd</b> <b>Skokie, IL 60076</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>CIBC Bank</b> <b>120 S LaSalle St</b> <b>Chicago, IL 60603</b>

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Judy Kushner</b>	<b>Excelerate Healthcare Services</b> <b>4730 Route 9 South</b> <b>Howell, NJ 07731</b>	<b>Member</b>	<b>50%</b>

Debtor **River Meadows, LLC**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Abraham Gutnicki	Gutnicki LLP 4711 Golf Road Suite 200 Skokie, IL 60076	Member	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 10, 2019**

**/s/ Abraham A. Gutnicki**  
Signature of individual signing on behalf of the debtor

**Abraham A. Gutnicki**  
Printed name

Position or relationship to debtor **Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Northern District of New York**

In re **River Meadows, LLC**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>10,000.00</b>
Prior to the filing of this statement I have received .....	\$	<b>0.00</b>
Balance Due .....	\$	<b>10,000.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**advise Debtor re duties as a business debtor in a chapter 7 case; prepare reasonable amendments to schedules and statements as may be required; respond to reasonable inquiries of Debtor, Case trustee, Office of the U.S. Trustee, creditors and other parties in interest with respect to Debtor's case.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Any additional services other than those specified above.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

1/10/2019

*Date*

/s/ Stephen Z. Starr

**Stephen Z. Starr**

*Signature of Attorney*

**Starr & Starr, PLLC**

**260 Madison Ave., 17th Fl**

**New York, NY 10016-2404**

**(212) 867-8165 Fax: (212) 867-8139**

*Name of law firm*



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF NEW YORK**

In re River Meadows, LLC ,  
DBA James Square Nursing & Rehabilitation Centre

Debtor

Case No.

Chapter **7**

Social Security No(s). and all Employer's Tax Identification No(s). *[if any]*  
47-3481602

**CERTIFICATION OF MAILING MATRIX**

I,(we), Stephen Z. Starr , the attorney for the debtor/petitioner (or, if appropriate, the debtor(s) or petitioner(s)) hereby certify under the penalties of perjury that the above/attached mailing matrix has been compared to and contains the names, addresses and zip codes of all persons and entities, as they appear on the schedules of liabilities/list of creditors/list of equity security holders, or any amendment thereto filed herewith.

Dated: January 10, 2019

/s/ Stephen Z. Starr

Stephen Z. Starr

Attorney for Debtor/Petitioner  
(Debtor(s)/Petitioner(s))

ABILITY NETWORK INC  
PO BOX 856015  
MINNEAPOLIS, MN 55485-6015

ACCESS MEDICAL SOLUTION  
DB&B MEDICAL  
PO BOX 340  
NEW HARTFORD, NY 13413-0340

ACPL (ACCELERATED CARE PLUS LE EFT/CC  
13828 COLLECTIONS CENTER DR  
CHICAGO, IL 60693

ACTION PRINTWEAR  
2566 WARNERS ROAD  
P. O. BOX 34  
WARNERS, NY 13164

ADAMS APPLE SERVICES  
106 S ARTERIAL RD  
SYRACUSE, NY 13206

ADDCOM  
7268 CASWELL PLACE  
N. SYRACUSE, NY 13212

ADP, LLC - EFT  
PO BOX 842875  
BOSTON, MA 02284-2875

AETNA  
ATTN: MSC 410837  
PO BOX 415000  
NASHVILLE, TN 37241-0837

AGNES KRUCZEK  
918 JAMES STREET  
SYRACUSE, NY 13203

ALICIA CALAGIOVANNI, PUBLIC AD  
ONONDAGA COUNTY PUBLIC ADMIN OFF  
500 PLUM ST  
SYRACUSE, NY 13202

ALIMED  
ATTN: LOCKBOX 206417  
2975 REGENT BLVD  
IRVING, TX 75063

AMANDA DILLION  
c/o Knych & Whritenour, LLC  
300 S State St Ste 403  
Syracuse, NY 13202

AMER FOOD & VENDING CORP  
124 METROPOLITAN PARK DR  
Liverpool, NY 13088

AMERICAN ARBITRATION ASSOCIATION  
1301 ATWOOD AVENUE  
SUITE 211N  
JOHNSTON, RI 02919

AMERICAN PROGRESSIVE TODAYS OPTIONS  
PO BOX 505057  
ST LOUIS, MO 63150-5057

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c/o Finkelstein & Partners, LLP  
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Newburgh, NY 12551

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Sheats & Bailey, PLLC  
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Liverpool, NY 13088

ANTHONY JOHN TANGREDI  
c/o Finkelstein & Partners, LLP  
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Newburgh, NY 12551

APPROVED ADMISSIONS, LLC  
545 8TH AVE  
SUITE 840  
NEW YORK, NY 10018

AQUA TECHNICAL SVC  
P.O. BOX 193  
LIVERPOOL, NY 13088

ARISE CHILD & FAMILY  
635 JAMES STREET  
SYRACUSE, NY 13203-2226

ASSESSMENT FUND  
OFFICEPOOL ADMINISTRATION  
P. O. BOX 4757  
SYRACUSE, NY 13221-4757

ASSOC MEDICAL PROF.  
1226 EAST WATER STREET  
SYRACUSE, NY 13210-1155

BARBARA ANN CALKINS  
c/o Finkelstein & Partners, LLP  
1279 Rte 300 Box 1111  
Newburgh, NY 12551

BARBARA BROWN  
c/o Nicholas Perot et al.  
12364 Main Rd  
Akron, NY 14001

BAUDVILLE  
5380 52ND STREET SE  
GRAND RAPIDS, MI 49512

BEST COMFORT CARE TRANSPORTATION  
335 B RIEGEL ST  
SYRACUSE, NY 13206

BILLINSON  
ATTORNEY & COUNSELORS AT LAW  
342 S SALINA ST  
SYRACUSE, NY 13202

BIO-MED EXPRESS  
2323 W. GENESEE RD  
BALDWINVILLE, NY 13027

BLESSED SACRAMENT  
3127 JAMES ST  
SYRACUSE, NY 13206

BOND, SCHOENICK & KING  
ONE LINCOLN CENTER  
SYRACUSE, NY 13202-1355

BOTTOM LINE MANAGEMENT LLC  
76 LEIGH DR  
LAKEWOOD, NY 08701

BRANDRIGHT MARKETING GROUP  
20 BRIDGEWOOD AVE  
LAKEWOOD, NY 08701

BSDCARE, INC  
2915 AVENUE K  
BROOKLYN, NY 11210

BYRNE DAIRY  
PO BOX 176  
LAFAYETTE, NY 13084-0176

CALLCARE  
1370 ARCADIA RD  
PO BOX 4651  
LANCASTER, PA 17604-4651

CAPITAL HEALTH CONSULTING LLC  
136 STATE STREET  
SUITE 501  
ALBANY, NY 12207

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Scolare Fetter et al.  
507 Plum St #300  
Syracuse, NY 13204

CHARLES GRECO  
c/o Nicholas Perot et al.  
12364 Main Rd  
Akron, NY 14001

Christopher P. Franjoine, Esq.  
Nicholas Perot et al.  
12364 Main Rd  
Akron, NY 14001

CMS COMPLIANCE GROUP INC  
68 SOUTH SERVICE RD  
SUITE 100  
MELVILLE, NY 11747

COMFORCE, INC  
PO BOX 74007004  
CHICAGO, IL 60674-7002

COMM OF TAXATION FINA  
NYS ASSESSMENT RECEIVABLE  
PO BOX 4127  
BINGHAMTON, NY 13902-4127

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**United States Bankruptcy Court  
Northern District of New York**

In re **River Meadows, LLC**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **River Meadows, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**January 10, 2019**

Date

**/s/ Stephen Z. Starr**

**Stephen Z. Starr**

Signature of Attorney or Litigant  
Counsel for **River Meadows, LLC**  
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